

Revised January 1, 2011

Term Life & Accidental Death & Dismemberment Insurance Program

(No Cash or Paid Up Values)

The Life Insurance Enrollment Form and Life Insurance Evidence of Insurability Form are included at the back of this booklet. The Life Insurance Change Form is available at www.pebb.hca.wa.gov or from your personnel, payroll or benefits office.



**Washington State
Health Care Authority**
Public Employees Benefits Board

NOTE:

If you receive payment of accelerated benefits, you may lose your right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. Also, receiving accelerated benefits may have tax consequences for you. ReliaStar Life cannot give you advice about this. You may wish to obtain advice from a tax professional or an attorney before you decide to receive accelerated benefits.

The accelerated life benefit does not and is not intended to qualify as long-term care under Washington State law. Washington State law prevents the accelerated life benefit from being marketed or sold as long-term care.

Save this booklet for future reference

Please read this booklet carefully before you select your Life and Accidental Death and Dismemberment (AD&D) Insurance options. This booklet is not a contract. It contains your Certificate of Insurance and a summarized explanation of the Life and AD&D Insurance Program sponsored by the Public Employees Benefits Board (PEBB) for eligible employees. The benefits are subject to the terms, conditions, and limitations of the insurance contract between ReliaStar Life Insurance Company (the Company) and the Washington State Health Care Authority. Benefits available are based solely on the contract.

These Life and AD&D Insurance benefits are underwritten by the ReliaStar Life Insurance Company and this booklet is printed at their expense. **If you have questions about eligibility, enrollment, or administration of this plan, contact your payroll, personnel, or benefits office.**

All newly eligible employees are required to complete a *Life Insurance Enrollment Form* and return it to their payroll, personnel, or benefits office. Employees must return the completed *Life Insurance Enrollment Form* no later than 60 days from the date they become eligible for PEBB benefits to designate a beneficiary and obtain coverage options that are available without providing evidence of insurability.

For questions about life insurance claims contact your payroll, personnel, or benefits office; or ReliaStar Life Insurance Company at P.O. Box 20, Route 7325, Minneapolis, MN 55440-0020, 1-866-689-6990.

To obtain this document in another format (such as Braille or audio), please contact our Americans with Disabilities Act (ADA) Coordinator at 360-923-2714. TTY users (deaf, hard of hearing, or speech impaired) please call 360-923-2701 or toll-free 1-888-923-5622.

Policy Number 12373-1 GAT Q

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Certificate of Coverage

ReliaStar Life Insurance Company certifies that the Group Policy indicated below has been issued to the Policyholder. The Group Policy is on file and may be examined at the office of the Washington State Health Care Authority (HCA).

Policy Number 12373-1 GAT Q	Policyholder Washington State Health Care Authority
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This is a certificate of insurance issued under, and subject to, the terms, conditions, and provisions of the Group Policy (such policy controls in all instances). This certificate summarizes and explains pertinent provisions of the Group Policy, but it does not constitute a contract of insurance.

This certificate applies only to individuals who have applied for and are insured under this program. Dependents' coverage applies only to those who are eligible and enrolled.

Your beneficiary is your last designation that is on file with your payroll, personnel, or benefits office. You may change your beneficiary at any time by notifying your payroll, personnel, or benefits office, in accordance with the terms of the Group Policy.

This certificate replaces any and all insurance certificates that may have been issued previously to the insured under the Group Policy and is subject to the terms of the Group Policy.

ReliaStar Life Insurance Company



Registrar

Definitions

Actively at work

With respect to appointed and elected officials, this means being in pay status. With respect to all other employees, this means being in pay status and not totally disabled.

Annual earnings

An employee's basic compensation plus position stipends received from the employer, exclusive of bonuses, overtime, supplemental stipends, and other extra compensation. For full-time employees who are paid less than 12 months per year, annual salary is determined by multiplying monthly salary by 12.

Company

ReliaStar Life Insurance Company.

Dependent insurance

Insurance provided by the Group Policy, according to the Schedule of Benefits, with respect to the eligible dependents of an employee.

Employee

Any employee who is eligible to receive the employer's contribution toward the cost of benefits as specified in the "Eligibility" section of this booklet.

Employer

The State of Washington and Employer Groups that have a contract with the Health Care Authority to participate in this PEBB benefit.

Insured individual

Any person insured under the terms and provisions of the Group Policy.

Legal representative

A court appointed guardian or person with power of attorney.

Pay status

As of any specific date, this means that the employee is being compensated by the employer for services performed.

Physician

A duly licensed doctor of medicine, osteopath, chiropractor, optometrist, or chiropodist (other than insured individual) treating illness or injury within the scope and limitations of the physician's license.

Policyholder

Washington State Health Care Authority.

Portability

Employees under age 70 have the option to continue or "port" their employee and dependent coverage should the employee become ineligible for PEBB coverage, and pay premiums directly to the Company. Five-year age banded rates plus a billing fee apply to ported coverage.

Providing Evidence of Insurability means you must:

1. Complete and sign the *Life Insurance Evidence of Insurability Form*.
2. Sign the form authorizing the Company to obtain information about your health.
3. Undergo a physical examination, if required by the Company, which may include blood testing.
4. Provide any additional information about your health that the Company may reasonably require.

Providing Evidence of Insurability does not assure that your application for coverage will be approved.

Terminal condition

An injury or sickness that is expected to result in an insured individual's death within 24 months and from which there is no reasonable chance of recovery.

Total disability

Complete inability, because of sickness or accidental injury, to work at any occupation suited to your education, training, or experience.

Uniformed Services

As used in this book, Uniformed Services has the same meaning as in the Uniformed Services Employment and Reemployment Rights Act (USERRA).

Eligibility

(See “Effective Dates” to determine when coverage for eligible employees begins.)

Employees are eligible to apply for all parts of the Life and Accidental Death and Dismemberment (AD&D) Insurance program in accordance with PEBB eligibility rules in chapters 182-08 and 182-12 WAC.

Dependents: Dependents eligible to apply for coverage under Part B and Part E include:

1. The employee’s lawful spouse.
2. The employee’s qualified or Washington State-registered domestic partner.
3. Children 14 days or over, but under 26 years of age, who meet the definition of dependent as defined in WAC 182-12-260.

Program Summary

This program has five parts. Coverage options allow you to design your own plan. Study the chart below to determine which parts of the program suit your needs.

	Amount of Insurance	Monthly Cost
Part A — Basic Term Life and Accidental Death & Dismemberment Insurance for Employees	\$25,000 Basic Life Insurance for death from any cause and \$5,000 Basic Accidental Death & Dismemberment Insurance.	Your employer provides Part A coverage through the PEBB Program at no cost to you.
Part B — Basic Dependent Term Life Insurance	\$2,500 spouse or Washington State-registered domestic partner and \$2,500 each dependent child. Covers death from any cause.	You pay \$.50 per family, regardless of the number of dependents.
Part B — Supplemental Spouse Term Life Insurance	If you have enrolled your spouse or Washington State-registered domestic partner in Part B Basic Dependent Term Life Insurance, you may apply for additional amounts of Supplemental Spouse Term Life Insurance in \$1,000 increments up to one-half of the amount of Life Insurance you obtain for yourself under Part C and Part D combined (rounded up to the next \$1,000). If you apply no later than 60 days from the date you become eligible or no later than 60 days from your marriage or the effective date of your Washington State-registered domestic partnership, you may purchase up to \$25,000 of coverage without providing evidence of insurability. After 60 days, or for coverage in excess of \$25,000, you must provide evidence of your spouse's or Washington State-registered domestic partner's insurability at the carrier's expense. Part B Supplemental covers death from any cause.	See page 28.
Part C — Optional Term Life Insurance For Employees	You may choose any amount in \$1,000 increments from half of your annual salary up to the amount of your annual salary (both rounded up to next \$1,000). Part C covers death from any cause.	See page 28.

	Amount of Insurance	Monthly Cost
Part D — Supplemental Term Life Insurance For Employees	You may apply for additional amounts in \$1,000 increments from \$1,000 to \$350,000. If you apply within 60 days of the date you become eligible for benefits, you may obtain up to \$50,000 of coverage without evidence of insurability. After 60 days, or for coverage in excess of \$50,000, you must provide evidence of insurability at the Company's expense. Part D covers death from any cause.	See page 28.
Part E — Voluntary Accidental Death & Dismemberment Insurance	<p>You may enroll in Part E Accidental Death and Dismemberment coverage in multiples of \$25,000 (\$25,000 minimum) up to \$250,000 for covered accidental death or covered accidental dismemberment. Deaths and dismemberments from other causes are not covered under Part E.</p> <p>If you select voluntary dependents' AD&D coverage in addition to your own, your spouse or Washington State-registered domestic partner will be insured for 50% of your benefit if you have no dependent children. If you have children, your spouse or Washington State-registered domestic partner will be insured for 40% and each dependent child for 5% of your benefit. If there is no spouse or Washington State-registered domestic partner, each dependent child will be insured for 10% of your benefit. This dependent coverage will not reduce your coverage.</p>	See page 28.

Life Insurance coverage under Parts A, B, C, and D is eligible to be continued under the Portability provision. The employee may apply to port 100%, 75%, 50%, or 25% of the employee's total coverage under Parts A, C, and D. The same elected percentage will apply to dependent coverage if the employee also applies to port dependent coverage.

If the employee's total ported coverage is not a multiple of \$1,000, it will be rounded to the next higher \$1,000 multiple. If the dependent's ported amount is less than \$1,000, the ported amount will be rounded up to \$1,000.

The minimum ported employee amount is \$5,000. The minimum ported amount for each insured dependent is \$1,000. The maximum ported employee amount will not exceed the lesser of five times the employee's annual earnings or \$750,000.

AD&D Insurance cannot be ported.

Summary of Provisions

	Part A Basic Life	Part A Basic AD&D	Part B Dependents	Part C Optional	Part D Supple- mental	Part E Voluntary AD&D
EXCLUSIONS Are you covered for death from any cause with no contractual exclusions?	Yes	No (See other exclusions on page 8.)	Yes	Yes	Yes	No (See other exclusions on page 8.)
HEALTH STATEMENTS Are you insured without a health statement or physical exam if you enroll within 60 days after becoming eligible?	Yes	Yes	Basic B: Yes Supplemental B: Evidence of insurability required for more than \$25,000 of coverage	Yes	Evidence of insurability required for more than \$50,000 of coverage	Yes
WAIVER OF PREMIUM Can you continue your insurance coverage without a premium if you become totally disabled prior to age 60 and the disability continues at least six months?	Yes	No	Yes	Yes	Yes	No
BENEFICIARY Can you choose any beneficiary?	Yes	Yes	No — you are the beneficiary.	Yes	Yes	Yes, but you are the beneficiary for dependents' AD&D.

	Part A Basic Life	Part A Basic AD&D	Part B Dependents	Part C Optional	Part D Supple- mental	Part E Voluntary AD&D
24-HOUR COVERAGE Will you have 24-hour coverage?	Yes	Yes	Yes	Yes	Yes	Yes
FLYING Is flying covered?	Yes	Yes	Yes	Yes	Yes	Yes, but as a passenger only. (Accidents as pilots or crew members are not covered.)
OTHER EXCLUSIONS What other exclusions are there?	None	Basic AD&D benefits will not be paid for suicide; intentionally self- inflicted injuries; loss from self- administered narcotics, poisons, or chemical substances; loss due to war or insurrection; loss resulting from sickness or physical infirmity, stroke, or heart attack; or loss from commission of an assault, felony, or violent disorder. (See page 10.)	None	None	None	AD&D benefits will not be paid for suicide; intentionally self- inflicted injuries; loss from self- administered narcotics, poisons, or chemical substances; loss due to war or insurrection; loss resulting from sickness or physical infirmity, stroke, or heart attack; or loss from commission of an assault, felony, or violent disorder. (See pages 12-13.)

	Part A Basic Life	Part A Basic AD&D	Part B Dependents	Part C Optional	Part D Supple- mental	Part E Voluntary AD&D
PORTABILITY Can you continue coverage if you leave state employment for any reason?	Yes, if you are under age 70 and satisfactorily answer three questions on the Portability application	No	Yes, if you port your coverage and your spouse or qualified/Washington State-registered domestic partner satisfactorily answers two health questions on the Portability application (no question for children)	Yes, if you are under age 70 and satisfactorily answer three questions on the Portability application	Yes, if you are under age 70 and satisfactorily answer three questions on the Portability application	No
CONVERSION Can you convert to an individual policy without evidence of insurability if you leave state employment for any reason?	Yes, if you have not ported that coverage	No	Yes, spouse or qualified/Washington State-registered domestic partner and dependent children can convert if you have not ported that coverage	Yes, if you have not ported coverage	Yes, if you have not ported coverage	No

Schedule of Benefits

Upon receipt by the Company of notice and satisfactory proof that any individual insured under Part A of the Group Policy has sustained any loss shown in the Schedule of Indemnities as a direct result of accidental bodily injuries independently of all other causes and within 365 days of such injury, the Company will pay, subject to the terms of the Group Policy, the amount specified for such loss in the Schedule of Indemnities.

Accidental bodily injury means a bodily injury sustained by the insured person that is a direct result of an accident, independent of disease or bodily infirmity or any other cause, and which occurs while the insurance is in force. However, no payment will be made for any loss if the accident is caused directly or indirectly by any of the following:

1. Any insurrection, war, or act of war. War includes declared or undeclared war, whether civil or international, and any substantial armed conflict with organized forces of a military nature;
2. Suicide or injuries intentionally inflicted by the insured individual, while sane or insane;
3. Committing or attempting to commit a criminal assault or felony, or participating in a violent disorder; or
4. Stroke, coronary occlusion, or rupture; any self-administered drug not prescribed by a physician for illness or injury; an intentionally self-administered poison or other chemical compound; bodily or mental infirmity; sickness, disease, or infection existing at the time of the accident; or medical or surgical treatment for any of the situations mentioned.

Part A - Basic Employee Insurance

Classification	Face Amount (Life Insurance)	Principal Sum (Accidental Death and Dismemberment Insurance)
Employee	\$25,000	\$5,000
Employee approved for portability	Approved ported amount, but the total amount of ported Life Insurance under Parts A, C, and D will not exceed the lesser of 5 times your annual earnings or \$750,000	NONE

The following applies only if the employee is on waiver of premium:

65 but less than 70 years of age	\$3,500
Age 70 and over	\$3,000

Schedule of Indemnities for Accidental Death and Dismemberment Insurance

Benefit for Loss of:

Life	The Principal Sum
Both hands, both arms, both feet, both legs, or sight of both eyes.....	The Principal Sum
One hand and one foot or one arm and one leg	The Principal Sum
Either hand, arm, foot, or leg and sight of one eye	The Principal Sum
Either hand, arm, foot, or leg	One-Half The Principal Sum
Sight of one eye	One-Half The Principal Sum

Loss shall mean, with regard to hands and feet, actual severance through or above the wrist or ankle joints; with regard to eyes, entire and irrecoverable loss of sight.

No more than the Principal Sum shall be paid for all losses during all periods of coverage.

Accidental Death and Dismemberment Insurance under the Group Policy is not in lieu of and does not affect any requirement for coverage by workers' compensation insurance.

Part B - Basic Dependent Term Life Insurance

Classification	Amount of Life Insurance
Spouse or Washington State-registered domestic partner	\$2,500
Spouse or Washington State-registered domestic partner approved for portability	Approved ported amount, but the total amount of ported Life Insurance under Part B will not exceed the employee's ported amount
Child	\$2,500
Child approved for portability	Approved ported amount, not to exceed the lesser of the employee's ported amount or \$2,500

Part B - Supplemental Spouse Term Life Insurance

Classification	Amount of Life Insurance
Spouse or Washington State-registered domestic partner	Available in increments of \$1,000, not to exceed 50% of your total Part C and Part D coverage in force (rounded to the next higher \$1,000 if not a multiple of \$1,000)
Spouse or Washington State-registered domestic partner approved for portability	Approved ported amount, but the total amount of ported Life Insurance under Part B will not exceed the employee's ported amount

Part C - Optional Employee Term Life Insurance

Classification	Amount of Life Insurance
Employee	Available in increments of \$1,000, but not less than one-half of your annual earnings or greater than your annual earnings as of the date of election
Employee approved for portability	Approved ported amount, but the total amount of ported Life Insurance under Parts A, C, and D will not exceed the lesser of 5 times your annual earnings or \$750,000

Your annual earnings as of the date of election are rounded up to the next higher multiple of \$1,000, if not already a multiple of \$1,000.

If you are paid less than 12 months per year, annual salary is determined by multiplying monthly salary by 12. For eligible part-time employees working half-time or more, monthly salary is determined by converting part-time hourly rate or monthly salary to an equivalent full-time basis.

If you have elected the maximum face amount, your insurance shall automatically increase as your salary increases. You shall have the option of freezing the amount of coverage by stopping the automatic increase at any time. Any increase in a frozen amount of insurance must be at the request of the insured individual and is subject to approval of satisfactory evidence of insurability by the Company.

If you have not elected the maximum, the face amount of insurance will remain constant from the date of election and will not change automatically with changes in your earnings. Each election of an increased face amount is subject to approval of satisfactory evidence of insurability by the Company. Each election shall be subject to the minimum and maximum based on your annual earnings as of the date of election.

Part D - Supplemental Employee Term Life Insurance

Classification	Amount of Life Insurance
Employee	Available in increments of \$1,000, not to exceed \$350,000
Employee approved for portability	Approved ported amount, but the total amount of ported Life Insurance under Parts A, C, and D will not exceed the lesser of 5 times your annual earnings or \$750,000

Part E - Voluntary Accidental Death and Dismemberment Insurance

Classification	Principal Sum (Accidental Death and Dismemberment Insurance)
Employee	An amount of insurance you select that is equal to any multiple of \$25,000, subject to a maximum of \$250,000.

The principal sum of Accidental Death and Dismemberment Insurance for a dependent shall be the appropriate percentage, shown below, of the employee's principal sum of Accidental Death and Dismemberment Insurance.

Dependents	Percentage
Spouse or Washington State-registered domestic partner only (no dependent children)	50%
Spouse or Washington State-registered domestic partner with dependent children	
Spouse or Washington State-registered domestic partner	40%
Each dependent child	5%
Children only (no spouse or Washington State-registered domestic partner)	
Each dependent child	10%

Schedule of Indemnities

Benefit for Loss of:

Life	The Principal Sum
Both hands, both arms, both feet, both legs, or sight of both eyes.....	The Principal Sum
One hand and one foot or one arm and one leg	The Principal Sum
Either hand, arm, foot, or leg and sight of one eye	The Principal Sum
Either hand, arm, foot, or leg	One-Half The Principal Sum
Sight of one eye	One-Half The Principal Sum

Loss shall mean, with regard to hands and feet, actual severance through or above the wrist or ankle joints; with regard to eyes, entire and irrecoverable loss of sight.

Upon receipt by the Company of notice and satisfactory proof that any individual insured under Part A or E of the Group Policy has sustained any loss shown in the Schedule of Indemnities as a direct result of accidental bodily injuries independently of all other causes and within 365 days of such injury, the Company will pay, subject to the terms of the Group Policy, the amount specified for such loss in the Schedule of Indemnities.

Accidental bodily injury means a bodily injury sustained by the insured person that is a direct result of an accident, independent of disease or bodily infirmity or any other cause, and that occurs while the insurance is in force. However, no payment will be made for any loss if the accident is caused directly or indirectly by any of the following:

1. Any insurrection, war, or act of war. War includes declared or undeclared war, whether civil or international, and any substantial armed conflict with organized forces of a military nature;
2. Suicide or injuries intentionally inflicted by the insured individual, while sane or insane;
3. Committing or attempting to commit a criminal assault or felony, or participating in a violent disorder;
4. Stroke, coronary occlusion, or rupture; any self-administered drug not prescribed by a physician for illness or injury; an intentionally self-administered poison or other chemical compound; bodily or mental infirmity; sickness, disease, or infection existing at the time of the accident; or medical or surgical treatment for any of the situations mentioned;
5. With respect to Part E insurance only, travel or flight in or descent from any kind of aircraft, as a pilot or crew member.

No more than the Principal Sum shall be paid for all losses during all periods of coverage.

Accidental Death and Dismemberment Insurance under the Group Policy is not in lieu of and does not affect any requirement for coverage by workers' compensation insurance.

No life insurance is provided under Part E, except as specified for accidents.

Accelerated Life Benefit

This benefit is equal to 50% of your amount of Basic, Supplemental, and/or Optional Life Insurance in force, or \$100,000, whichever is less. This benefit is available to you and your spouse or qualified/Washington State-registered domestic partner. Each insured individual must have at least \$10,000 in Life Insurance coverage in force to qualify for this benefit.

The Company pays this benefit if it has been determined that you or your insured spouse or qualified/Washington State-registered domestic partner have a terminal condition. Accelerated Life Benefit proceeds are paid by the Company to you or your legal representative while the insured individual is living when it has been determined that the insured individual has a terminal condition. Accelerated Life Benefit proceeds are paid in one lump sum and are paid only once. This lump sum payout is the only Life Insurance settlement option available to an insured individual prior to death.

A terminal condition is defined as an injury or sickness that is expected to result in an insured individual's death within 24 months and from which there is no reasonable chance of recovery.

The Accelerated Life Benefit is based on the amount of Life Insurance coverage in effect on the date the insured individual applies for the Accelerated Life Benefit proceeds. An insured individual will not be able to increase Supplemental or Optional Life Insurance amounts after applying for the Accelerated Life Benefit proceeds, unless the insured individual is determined to be ineligible to receive the Accelerated Life Benefit proceeds.

To receive the Accelerated Life Benefit proceeds, all of the following conditions must be met. An insured individual must do the following:

1. Request this benefit in writing. If the insured is unable to request this benefit, the insured's legal representative may request it.
2. Be insured as an employee, spouse or qualified/Washington State-registered domestic partner for Life Insurance benefits.
3. Have Life Insurance benefits of at least \$10,000 under this PEBB Program.
4. Provide to the Company a doctor's statement that gives the diagnosis of the insured's medical condition, along with a statement that because of the nature and severity of such condition, life expectancy is no more than 24 months. You may be required to be examined by a doctor of the Company's choice at the Company's expense. If the second doctor's opinion is in conflict with the first opinion, and cannot be resolved, the insured has the right to mediation or binding arbitration conducted by a disinterested third party who has no ongoing relationship with either the Company or the insured.
5. Provide to the Company written consent from any irrevocable beneficiary; assignee; and, in community property states, the insured's spouse.
6. Not have notified the Company in writing that the insured is waiving this benefit. An insured's decision to waive this benefit may not be revoked or changed.

Benefit Payment: The Company pays Accelerated Life Benefits to the employee unless both of the following are true:

1. It is shown, to the satisfaction of the Company, that the employee is physically and mentally incapable of receiving and cashing the lump sum payment.
2. A representative appointed by the court to act on behalf of the employee makes a claim for the payment.

If the Company does not pay the employee because the two above conditions apply, payments will be made to (1) an individual who is responsible for the insured, (2) an institution that is responsible for the insured, or (3) any other person the Company considers entitled to receive the payments as a trustee for the insured.

Accelerated Life Benefit Exclusions: The Company does not pay benefits for a terminal condition if the required Life Insurance premium is due and unpaid.

Effects on Coverage: When the Company pays this benefit, the insured's coverage is affected in the following ways:

1. The insured's total available Life Insurance Benefit equals the amount of Basic, Supplemental Life, and Optional Insurance in effect at the time the insured applies for the Accelerated Life Benefit.

The insured's total available Life Insurance Benefit is reduced by the amount of Accelerated Life Benefit paid under this provision.

2. The insured's Life Insurance benefit amount that may be ported or converted is reduced by the Accelerated Life Benefit proceeds paid.
3. The insured will not be able to increase any Supplemental or Optional Life Insurance coverage after the Company approves the insured to receive the Accelerated Life Benefit.
4. The insured's premium is reduced based upon the remaining amount of Life Insurance Benefit. The reduced premium must be paid, unless waived, to keep Life Insurance coverage in force.
5. The remaining Life Insurance Benefit is subject to future age reductions (if any).
6. The insured will not be able to reinstate coverage to its full amount in the event of recovery from a terminal condition.
7. The insured's dependent Life Insurance coverage will not be affected by Accelerated Life Benefit proceeds paid because of an employee's terminal illness, provided all required premiums are paid.
8. The insured's receipt of Accelerated Life Benefit proceeds does not affect any Accidental Death and Dismemberment Insurance. Thus, if the insured should die in a covered accident after receiving Accelerated Life Benefits, the accidental death benefit will be based on the AD&D principal sum in force on the date of the accident.

General Information

Enrollment Process

To enroll in this program or change your coverage, you must complete a *Life Insurance Enrollment Form* or a *Life Insurance Change Form* and return the appropriate form to your payroll, personnel, or benefits office.

You must also complete a *Life Insurance Enrollment Form* to:

1. Designate a beneficiary for your insurance, including coverage provided automatically for eligible employees.
2. Provide coverage for your dependents under the voluntary Part B Basic Dependents and Part B Supplemental Spouse Life Insurance.
3. Select additional coverage under the voluntary Part C Optional Life Insurance.
4. Apply for additional coverage up to \$350,000 under the voluntary Part D Supplemental Life Insurance.
5. Supplement your group Life Insurance coverage with voluntary Accidental Death and Dismemberment coverage, Part E.
6. Authorize payroll deductions for your premium contributions.

You may enroll **no later than 60 days** after you become eligible for coverage without evidence of insurability for Part B Basic Dependent Life Insurance, Part B Supplemental Spouse Life Insurance to \$25,000, Part C Optional Life, and Part D Supplemental Life to \$50,000. (Dependent children do not require evidence of insurability.)

You may apply for Part D regardless of whether you also applied for and are insured for the maximum amount of insurance permitted under Part C.

You must purchase Part B Basic Dependent Life Insurance to be eligible to purchase coverage for your spouse or Washington State-registered domestic partner under Part B Supplemental Spouse Life Insurance.

If you do not apply to enroll during your first 60 days of eligibility, you must provide evidence of insurability that meets the requirements of the Company. You must provide evidence of insurability for your spouse or qualified/Washington State-registered domestic partner if you do not apply to enroll your spouse or domestic partner within 60 days of you becoming eligible or within 60 days of the date of marriage or the effective date of your domestic partnership.

Effective Dates

Part A

Your coverage under Part A becomes effective when you become eligible for PEBB benefits as defined in WAC 182-12-114 (except that eligibility for employees of participating Employer Groups will be determined based on the Employer Group's contract with the HCA).

Parts B, C, and D

If you apply for the following coverage no later than 60 days after your date of eligibility, coverage becomes effective the first of the month following the signature date on the *Life Insurance Enrollment Form*:

- Part B Basic Spouse. (You must be enrolled in Part B Basic Spouse to be eligible for Part B Supplemental Spouse.)
- Part B Supplemental Spouse Life Insurance up to \$25,000.
- Part C.
- Part D Supplemental Life Insurance up to \$50,000.

If you apply for over \$25,000 Part B Supplemental Spouse or over \$50,000 Part D Supplemental you must submit evidence of insurability to the Company. If a medical examination is required, it will be paid for by the Company. Insurance amounts that require submitting evidence of insurability, become effective on the first day of the calendar month following the month in which the Company approves your application for Life Insurance.

If you apply for Part B Basic Spouse, Part B Supplemental Spouse, Part C, or Part D Supplemental Life Insurance more than 60 days after your date of eligibility, or later than 60 days after the eligibility date for a new spouse or new Washington State-registered domestic partner, evidence of insurability is required (except for dependent children) and must be submitted to the Company. If a medical examination is required, it will be paid for by the Company. Insurance amounts that require submitting evidence of insurability become effective on the first day of the calendar month following the month in which the Company approves your application for Life Insurance.

Part E (Accidental Death & Dismemberment Insurance)

Insurance under Part E shall become effective on the first day of the month following signature date on the *Life Insurance Enrollment Form*. Part E does not require evidence of insurability.

Actively at Work Provision - Parts A, B, C, D, and E

If you are not at work on the date coverage under Part A, B, C, D or E would become effective as described above, the insurance will become effective the first of the month following the date you return to active work. If the date your insurance would otherwise become effective falls on a non-working day, such insurance shall nevertheless become effective if you were actively at work on the last preceding work day, provided that you would have been able to work had the effective date been a work day. The effective date of increases in insurance or purchase of additional insurance (including insurance for a new dependent) will also be delayed until you return to active work.

Changes in Coverage

Part B Supplemental Spouse Life Insurance

You may change the face amount of Part B Supplemental Spouse Life Insurance by completing a *Life Insurance Change Form* and submitting it to your payroll, personnel, or benefits office. A decrease in the face amount of Part B Supplemental Spouse Life Insurance will become effective on the first day of the calendar month following the signature date on the form. An increase in the face amount of Part B Supplemental Spouse Life Insurance will become effective, after such election, on the first day of the calendar month following approval of evidence of insurability satisfactory to the Company.

Any increase in the amount of insurance for any dependent who is for any reason confined to a hospital on a date when the increase would otherwise become effective, shall be deferred until the dependent's final discharge from the hospital.

Part C

The amount of Part C insurance may be changed by the following methods. Each election of a new face amount will replace any previous election.

- A. Increases — An increase in the amount of Part C insurance may not exceed the maximum permitted under Part C.
 1. If you elect automatic increases on your *Life Insurance Enrollment Form*:
 - a. The face amount of Part C insurance will automatically increase to correspond to increases in your annual earnings, as described in the Schedule of Benefits on page 12.
 - b. The increase will become effective on the first day of the calendar month following the month in which your earnings are increased.
 2. If you do not elect automatic increases on your *Life Insurance Enrollment Form*:
 - a. The face amount of Part C insurance will not automatically increase as your annual earnings increase.

- b. You may elect to increase the amount of Part C insurance by completing a *Life Insurance Change Form* and returning it to your payroll, personnel, or benefits office. The increase will become effective, after such election, on the first day of the calendar month following approval of evidence of insurability satisfactory to the Company.
- B. Decreases — A decrease in the amount of Part C insurance may not be to an amount less than the minimum permitted under Part C.
 - 1. You may elect to decrease the amount of Part C insurance by completing a *Life Insurance Change Form* and returning it to your payroll, personnel, or benefits office.
 - 2. The decrease in the amount of insurance will become effective, after such election, on the first day of the calendar month following the month in which the election is made.
- C. Freezes — You may freeze the amount of Part C insurance if you elected the maximum face amount when you enrolled.
 - 1. You may stop the automatic increase of Part C insurance by completing a *Life Insurance Change Form* and returning it to your payroll, personnel, or benefits office.
 - 2. The freeze in the amount of insurance will become effective on the first day of the calendar month following such election.

Part D

You may elect to change the face amount of Part D insurance by completing a *Life Insurance Change Form* and returning it to your payroll, personnel, or benefits office. A decrease in the face amount of Part D insurance will become effective on the first day of the calendar month following the month in which the election is made. An increase in the face amount of Part D insurance will become effective on the first day of the calendar month following approval of evidence of insurability satisfactory to the Company.

Part E

You may change the principal sum of Accidental Death and Dismemberment Insurance or apply for Dependent Accidental Death and Dismemberment Insurance by completing a *Life Insurance Change Form* and returning it to your payroll, personnel, or benefits office. Any changes in the principal sum or addition of dependent Accidental Death and Dismemberment Insurance will become effective on the first day of the calendar month following such election.

Note: Your ported coverage cannot be increased.

Termination of Employee Coverage

Ported Coverage

Your ported coverage shall terminate on the earlier of the date you turn age 70 or the date the Group Policy terminates.

Non-Ported Coverage

Your non-porting coverage shall terminate on the earliest of the following dates:

- A. With respect to Part A for employees in pay status, the end of the calendar month in which you were in pay status or the end of the month your approved leave under the Family and Medical Leave Act ends.
- B. With respect to Parts B, C, D, and E, and with respect to Part A for members not in pay status, the earlier of (1) the end of the month in which status as an employee is terminated, or (2) the end of the calendar month for which premium is paid to the Company by the HCA for your insurance.
- C. With respect to Part A and Part E Accidental Death and Dismemberment Insurance, the end of the calendar month in which your claim for total disability is approved by the Company.
- D. The end of the calendar month in which you begin full-time service of the military (land, sea, or air) forces of any country. However, if you cease active work because you are called to active duty in the uniformed services as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA), your employer will maintain your Part A Basic insurance coverage for each month you maintain your eligibility for the employer contribution by using approved annual or military leave. You may continue Parts

B, C and D for the amounts you had under this plan immediately before your leave for a maximum of 29 months from the date you are called to active duty. If you do not maintain your eligibility for the employer contribution by using approved annual or military leave you may continue your insurance coverage on a self-pay basis as described under Termination of Employee Coverage.

- E. The date the Group Policy terminates.
- F. With respect to Parts A, B, C, and D only, if you cease active work directly or indirectly because of a strike, lock-out, or other labor dispute, which results in suspension or termination of your compensation, you have the right to continue such Life Insurance by paying the entire premium for such continued insurance directly to the HCA. If you elect to pay the entire premium for this continued insurance, termination of such continued insurance shall occur on the earlier of (1) the end of the last calendar month for which you made a premium payment, (2) your return to active work, (3) the end of the sixth calendar month following the date of suspension or termination of compensation by your employer, or (4) the date of discontinuance of the Group Policy.
- G. If you cease active work because of an approved Family and Medical Leave of up to 26 weeks, your employer will maintain your Part A Basic and AD&D Insurance coverage that you had under this plan before you went on such leave. You may continue Parts B, C, D, and E for yourself and your dependents by self-paying premiums during this time.

If you elect not to continue coverage during your approved Family and Medical Leave, when you return to work you will be eligible for the amounts of Part B, C, D, and E you had under this plan immediately before your leave. You won't be required to provide additional evidence of insurability to reinstate your prior amounts of coverage. Coverage will be reinstated on the date you return from approved Family and Medical Leave, if you resume paying the required contributions at that time.

You may continue your life insurance coverage on a self-pay basis under certain circumstances.

If the employer contribution to life insurance coverage terminates due to an event described in 1 through 6 below, you may continue insurance coverage by self-paying the premiums with no contribution from the employer for a maximum of 29 months.

1. You are on authorized leave without pay;
2. You are on approved educational leave;
3. You are receiving time-loss benefits under workers' compensation;
4. You are called to active duty in the uniformed services as defined under the USERRA and you are not using agency approved annual or military leave to maintain your eligibility for the employer contribution to PEBB benefits;
5. Your employment ends due to a layoff as defined in WAC 182-12-109; or
6. You are applying for disability retirement.

If you are a faculty or benefits-eligible seasonal employee and you are between periods of eligibility (as described in WAC 182-12-142) you may continue insurance coverage by self-paying the premiums with no contribution from the employer for a maximum of 12 months.

If you are reverted from an eligible position for reasons other than layoff and the position you are reverted to is not eligible for the employer contribution toward insurance coverage, you may continue life insurance coverage by self-paying the premiums for a maximum of 18 months as described in WAC 182-12-141.

If you are awaiting hearing of a dismissal action, you may continue life insurance coverage by self-paying the premiums with no contribution from the employer as described in WAC 182-12-148.

Reinstating Coverage When You Return To Work

When you return to work, you will need to complete and submit a *Life Insurance Change Form* within 31 days of your return. If you are in one of the following circumstances, you do not have to complete the *Life Insurance Evidence of Insurability Form* to reinstate your life insurance:

- You were on approved family and medical leave and you return to work no later than the end of the month in which your agency approved family and medical leave ends
- You were eligible and self-paid for your life insurance as described in the section titled, **“You may continue your life insurance coverage on a self-pay basis under certain circumstances”**

If you were eligible to self-pay for your coverage and you chose not to continue the coverage or paid for a reduced amount of coverage, you will need to complete a *Life Insurance Change Form*, provide evidence of insurability, and apply for reinstatement of your prior amounts of coverage.

Transferring Life Insurance Coverage to a Spouse or qualified/Washington State-registered Domestic Partner

When both husband and wife are covered employees, or when qualified/Washington State-registered domestic partners are both covered employees, and one employee's coverage terminates for reasons outlined in this section, any in-force Part C and D Life Insurance may be transferred, without evidence of insurability, to the remaining insured employee's Spouse Life Insurance (Part B Basic and Part B Supplemental). The amount of coverage to be transferred may not exceed the standard maximum limitation for spouse or qualified/Washington State-registered domestic partner coverage when combined with any existing spouse or qualified/Washington State-registered domestic partner coverage (basic spouse plus supplemental spouse up to 50% of the insured employee's total Part C and D coverage). Likewise, any in-force Part B Supplemental Spouse coverage may be transferred to the remaining insured employee's Part C and Part D coverage up to the maximum allowed under these coverages.

Any transfer of coverage through this special provision must be immediate and without lapse in coverage. Life coverage in excess of the maximum amount allowed to be transferred may be converted within 31 days of termination.

Note: See “Conversion of Life Insurance” section B.4 on page 24. In some circumstances, employees and their insured dependents may be entitled to benefits, if death occurs within the 31-day period (60 days for retirees and their dependents) following termination of insurance.

Termination of Dependent Coverage

Your dependents' coverage will automatically terminate on the earliest of the following dates:

1. With respect to Life Insurance, five months (subject to self-payment of premium) after your death.
2. With respect to Life Insurance, the date your Life Insurance terminates due to any cause other than death.
3. With respect to Accidental Death and Dismemberment Insurance, the date your Accidental Death and Dismemberment Insurance terminates.
4. The end of the month in which your dependent begins fulltime service of the military (land, sea, or air) forces of any country.
5. The end of the month in which your child ceases to maintain the status as a dependent as defined by PEBB eligibility and enrollment rules in chapter 182-12 WAC.
6. The end of the month in which you are divorced or your qualified/Washington State-registered domestic partnership is dissolved.
7. The end of the month in which premium is paid to the Company by the HCA for your dependent insurance.

Note: See “Conversion of Life Insurance” section B.4 on page 24. In some circumstances, employees and their insured dependents may be entitled to benefits, if death occurs within the 31-day period (60 days for retirees and their dependents) following termination of insurance.

Portability

You can apply to continue your terminated Parts A, C, and D Life Insurance coverage until age 70 if certain conditions are met. You may elect to decrease your ported coverage. You will not be eligible to increase your ported coverage.

The minimum amount of your Life Insurance that you can apply to port is \$5,000. See the Schedule of Benefits for maximum amounts. If your total amount of terminated Life Insurance otherwise eligible to be ported is less than \$5,000, then you may be eligible for conversion as described in the Conversion of Life Insurance provision.

You must apply for portability within 31 days (60 days for persons retiring) of the date your insurance terminates due to the following:

- You retire or terminate employment with the Policyholder, if coverage is in effect for active employees under the Group Policy; or
- The Policyholder terminates Parts A, C, and D Life Insurance for active employees under the Group Policy and does not replace it with a similar life insurance plan; or
- You are no longer eligible for Life Insurance under the Group Policy.
- All other continuation under the Group Policy ends.

If your amount of insurance reduces due to age or a change in employment status, other than termination of employment, this is not considered a termination of insurance for purposes of portability. Please refer to the Conversion of Life Insurance provision for more information about conversion following reductions in coverage.

Your application for portability is subject to approval by the Company. If you are not approved for portability, you may still be eligible for conversion as described in the Conversion of Life Insurance provision.

The Incontestability provision in the Miscellaneous Provisions section also applies to ported coverage starting with the effective date of your ported coverage and continuing for two years while you are living.

If you port coverage and then later become eligible as an active employee for Employee's Insurance under a Group Policy issued by the Company, then your amount of ported coverage will be reduced by your amount of insurance as an active employee. The Company will make the necessary adjustments to your ported coverage when it is notified of your change in status; for example, when you notify the Company of the change or when a claim is submitted.

You can also apply to continue your terminated Part B Dependent Life Insurance at the same time you apply for portability of your coverage. Dependent Life Insurance may only be ported if your Life Insurance is ported. You may elect to decrease ported dependent coverage. You will not be eligible to increase ported dependent coverage.

Your application for portability of Dependent Life Insurance is subject to approval by the Company. If your Dependent Life Insurance is not approved for portability, your insured dependent may still be eligible for conversion as described in the Conversion of Life Insurance provision.

The Incontestability provision in the Miscellaneous Provisions section also applies to ported coverage starting with the effective date of ported coverage and continuing for two years while your insured dependent is living.

If you port Dependent Life Insurance and then later become eligible as an active employee for Dependent Life Insurance under a Group Policy issued by the Company, then your amount of ported Dependent Life Insurance will be reduced by your amount of Dependent Life Insurance as an active employee. The Company will make the necessary adjustments to your ported coverage when it is notified of your change in status; for example, when you notify the Company of the change or when a claim is submitted.

Beneficiary

Payment of any insurance under this plan shall be made to the employee if living. You are the beneficiary for dependent Life Insurance and dependent Accidental Death and Dismemberment Insurance if you are enrolled for those coverages and are living.

Employee death benefits will be paid to the employee's beneficiary. The employee's beneficiary is the last designation on file with the employee's payroll, personnel, or benefits office. In other cases, payment will be made in equal shares to your surviving beneficiaries in this order: (a) spouse or qualified/Washington State-registered domestic partner; (b) living children; (c) father and mother; (d) your estate. In any case the Company may, in lieu of payment to your executors or administrators, pay up to \$1,000 of the insurance to any relative by blood or connection by marriage or qualified/Washington State-registered domestic partnership of the employee appearing to the Company to be equitably entitled to such payment.

If your beneficiary is a minor (under age 18), benefits may be paid to the child's court-appointed legal guardian or proceeds may be held in an interest-bearing account by the Company. The payment method is determined by the legal guardian.

You may change your beneficiary at any time by completing a *Beneficiary Designation form* and returning it to your payroll, personnel, or benefits office, according to terms of the Group Policy. Be sure to update your beneficiary in the event of dissolution of marriage or qualified/Washington State-registered domestic partnership.

Relationship to Law and Regulations

The eligibility, enrollment and appeals language in this Certificate of Insurance (COI) is based on the rules that administer the Health Care Authority's PEBB Program in chapters 182-08, 182-12, and 182-16 WAC. In the case of a conflict between the rules and the language describing eligibility, enrollment and appeals in this COI, the rules shall govern. This agreement shall be interpreted, administered, and enforced according to the laws and regulations of the State of Washington, except as pre-empted by federal law.

Appeals of Determinations Relating to Eligibility, Enrollment and Premium Payments

Any employee of a state agency or his or her dependent who disagrees with an eligibility or enrollment decision made by an employing state agency may appeal that decision to the employing state agency by the process outlined in WAC 182-16-030.

Any employee of an employer group or his or her dependent who disagrees with a decision made by an employer group with regard to eligibility or enrollment regarding life insurance must be made to the PEBB appeals committee by the process described in WAC 182-16-032.

Any employee, self-pay enrollee, retiree, or dependent who disagrees with a decision made by the PEBB Program with regard to eligibility, enrollment, or premium payments may appeal that decision to the PEBB Appeals Committee by the process described in WAC 182-16-032.

Any employee, self-pay enrollee, retiree, or dependent who disagrees with a decision regarding the administration (claims payment, evidence of insurability, waiver of premium) of this insurance plan may appeal the decision by following the appeal provisions of the Company.

PEBB appeal rules are in chapter 182-16 WAC. Guidance on filing an appeal is available on the HCA website at www.pebb.hca.wa.gov and selecting *How Do I File an Appeal*.

Benefits in Event of Disability

Your Life Insurance under Parts A, B, C, and D will be continued in force without payment of premiums, subject to the terms and conditions of the Group Policy, if you become totally disabled for a period of at least six consecutive months. (Premiums will also be waived during the first six months should death occur due to an otherwise covered disability.) Total disability must begin while you are less than 60 years of age and while you are insured for this benefit. The amount of Life Insurance continued in force under this benefit is based upon age at the time of death and will be provided as follows:

Part A – Basic Life

- Less than 65 years of ageThe face amount of Life Insurance on the day total disability began.
- 65 but less than 70 years of age.....\$3,500
- Age 70 and over\$3,000

Part B – Basic Dependent Life Insurance and Supplemental Spouse Life Insurance

- All insured dependents whose insurance is continued due to your continued insurance under this benefitThe face amount of Life Insurance on the day total disability began.

With respect to dependent children only, each child's insurance shall automatically terminate as specified in "Termination of Dependent Insurance."

Parts C and D – Optional and Supplemental Life Insurance

- All insured employees.....The face amount of Life Insurance on the day total disability began.

Premiums are waived for Life Insurance only. Premiums are not waived for Accidental Death and Dismemberment Insurance.

The AD&D Insurance under Part A and Part E will terminate on the first day of the calendar month following the calendar month in which your claim for total disability is approved by the Company.

"Total disability" means your complete inability, because of sickness or accidental injury, to work at any occupation suited to your education, training, or experience.

Due proof of total disability must be submitted to the Company by you or on your behalf. This proof must be submitted within 12 months after the total disability commences and as often thereafter as reasonably required by the Company. The Company, at its own expense, may require you to have a medical examination by a designated physician each time proof of total disability is required. Medical examinations may not, however, be required more often than once in any 12-month period after disability benefits have been provided for two full years.

Any Life Insurance continued in force under this benefit will immediately terminate if (a) you cease to be totally disabled or (b) proof of total disability is not submitted to the Company as required. You may exercise your conversion privilege if Life Insurance under this benefit terminates and you are not then eligible for insurance under the policy. However, Life Insurance will be in force if you are then eligible for insurance under the policy and premiums are paid. You will not be eligible to continue insurance under the portability option when the Company stops waiving your premiums.

Your rights under this benefit may be restored only if you have been issued an individual policy of Life Insurance under the "Conversion of Life Insurance" section of the policy within 12 months of the date total disability commenced. Due proof that this benefit would have been provided had the individual policy not been issued must be submitted to the Company within 12 months of the date total disability commenced. This benefit will then be provided, upon surrender of the individual policy, without claim except for the refund of premiums. The beneficiary will remain as designated in the individual policy.

Waiver of Premium for Dependents: The Company will waive payment of premiums due for your covered Dependent Life Insurance in any period during which your Life Insurance remains in force without payment of premiums as a result of your disability.

Conversion of Life Insurance

A. Upon written application and payment of the applicable premium to ReliaStar Life Insurance Company (the Company) within 31 days (60 days for persons retiring and their dependents), you or your insured dependents will be entitled, without evidence of insurability, to an individual policy of Life Insurance (without Disability, Accelerated Life, or Supplemental Accidental Death and Dismemberment Insurance benefits) on the earliest of the following:

1. For coverage not ported, the date your or your insured dependents' insurance ceases because of termination of your employment or termination of membership in the class or classes eligible for insurance under the Group Policy, and you do not elect the portability option.

If your insurance is reduced, you may convert that portion of your insurance reduced under the group policy.

2. For ported coverage, the date you reach the termination age under the Group Policy.
3. The date of cessation of insurance as provided under the Life Insurance benefit provision titled "Benefits in Event of Disability."
4. The date of discontinuance of the Group Policy, provided such date is five years or more after the effective date of your or your insured dependents' insurance.

Note: If you or your insured dependents have been insured for less than five years on the date of discontinuance of the Group Policy, you or your insured dependent will not be entitled to an individual policy of Life Insurance under this Conversion of Life Insurance provision.

B. The following conditions and provisions will apply to the individual policy of insurance:

1. The individual policy will, at the option of you or your insured dependents, be on any one of the forms, except term insurance, then customarily issued by the Company at the age and for the amount applied for.

If your or your insured dependents' previous coverage included benefits such as Disability, Accidental Death and Dismemberment Insurance, or the Accelerated Life Benefit, the new insurance will not include those benefits.

2. The premium for the individual policy will be the premium applicable to the class of risk to which you or your insured dependents belong and to the form and amount of the individual policy at your or your insured dependents' attained age (nearest birthday) on the effective date of the individual policy.
3. The amount of the individual policy will be equal to (or at your option, less than) the amount of your or your insured dependents' Life Insurance under Parts A, B, C, and D of the Group Policy on whichever of the termination dates listed above (see subsection A1 or A2) is applicable. However, if your or your insured dependents' Life Insurance ceases because of the discontinuance of the Group Policy five years or more after the effective date of the person's insurance, the amount of the individual policy may not exceed the lesser of:
 - a. The amount of your or your insured dependents' Life Insurance at the date of cessation of such insurance, reduced by any Life Insurance for which you or your insured dependent may become eligible under any group policy issued or reinstated by the Company or by any other insurer to the Policyholder within 31 days (60 days for retirees and their dependents) after such cessation; or
 - b. \$3,000.
4. Any individual policy issued shall become effective on the date of expiration of the 31-day period (60 days for retirees and their dependents) during which application may be made. However, if you or your insured dependents die during this 31-/60-day period, the Company will pay, whether or not you or your insured dependent made application for an individual policy, the maximum amount of life insurance for which an individual policy could have been issued.

In no event, however, will payment be made under this provision:

- a. If payment is made as specified under the Life Insurance benefit provisions of the sections titled "Beneficiary" or "Benefits in Event of Disability," or
 - b. To the extent payment is made as specified under the Life Insurance benefit provision titled "Accelerated Life Benefit."
5. If any individual policy is issued to you in accordance with this Conversion of Life Insurance provision, you shall not thereafter be insured under Part D of the Group Policy unless you, at your own expense, furnish satisfactory evidence of insurability to the Company, subject to all other provisions of the Group Policy.

Miscellaneous Provisions

Payments of Benefits

All benefits provided in the Group Policy shall be paid as stated in this section upon receipt of written proof on the Company's forms or if such forms are not furnished by the Company within 15 days after demand therefore, then upon receipt of written proof covering the occurrence, character, and extent of the event for which claim is made.

The amount payable to a beneficiary when an insured individual dies may be paid in a lump sum or in installments over a period of years, upon mutual agreement with the Company. The member will receive a lump sum amount under the Accelerated Life Benefit. To the extent permitted by law, amounts payable to beneficiaries shall not be subject to the claims of any creditor or any representative of such creditor, or to any legal process against a beneficiary. All other indemnities will be paid to the employee.

Proof of Loss

Written proof of loss must be furnished to the Company within 90 days after the date of the loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the insured individual, later than one year from the time proof is otherwise required.

Physical Examination and Autopsy

The Company, at its own expense, shall have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the period in which a claim is pending hereunder and to make an autopsy in case of death, where it is not forbidden by law.

Assignment

All group Life Insurance and Accidental Death and Dismemberment Insurance that may be provided in the Group Policy may be assigned to an employee's spouse or qualified/Washington State-registered domestic partner, children, parents, or a trust established for their benefit by absolute assignment (not collateral assignment) in accordance with and subject to the following provisions:

- A. Any assignment of group Life Insurance shall operate to transfer all rights, including but not limited to:
 - 1. The right to change the beneficiary (except that an irrevocable beneficiary designation may not be changed without the irrevocable beneficiary's consent); and
 - 2. The right to have issued an individual policy of Life Insurance on the insured individual's life under the Conversion of Life Insurance provision.
- B. Any benefits which, under the terms of the Group Policy, are payable to the insured individual or the insured individual's estate shall be paid to the assignee. All other benefits shall be paid to the beneficiary (not to the assignee, unless the assignee is also the beneficiary).
- C. Any assignment will be binding upon the Company and effective as of its date, when made in writing whether or not the insured individual is living at the time the assignment is filed. The Company shall be fully protected in any action taken prior to receipt of the assignment or written notice of an adverse claim at the Company's home office. The Policyholder and the Company assume no responsibility for the validity or effect of any assignment (including an assignment on forms furnished by them).

No separate assignment may be made of any Dependent Life Insurance provided in the Group Policy, but any assignment by an insured individual of a certificate that provides Dependent Life Insurance will apply to such Dependent Life Insurance.

Incontestability

There is a contestable period starting with the effective date of the insured's insurance and continuing for two years while the insured is living. During those two years, the Company can contest the validity of an insured's insurance because of inaccurate or false information received relating to an insured's insurability. Only statements that are in writing and signed by the insured can be used to contest the insurance.

Misstatement of Age

In the event of the misstatement of the age of any insured individual, there will be made an equitable adjustment of the premiums or of benefits or of both, such adjustment to be based on the difference between the total premiums paid and the total premiums that would have been paid had the information been correctly stated.

Premium Rates (Effective January 1, 2011)

Part B Supplemental, Part C Optional, and Part D Supplemental Insurance

EMPLOYEE'S AGE	COST PER \$1,000 PER MONTH	
	Non-Smoker	Smoker
Less than 25	\$0.028	\$0.036
25-29	0.030	0.044
30-34	0.034	0.058
35-39	0.042	0.066
40-44	0.064	0.074
45-49	0.092	0.112
50-54	0.144	0.170
55-59	0.268	0.318
60-64	0.412	0.484
65-69	0.760	0.932
70+	1.134	1.514

(Your premium rate changes to the next higher rate as you reach each new age bracket.)

Part E - Accidental Death and Dismemberment

			Coverage Your Spouse or Washington State-Registered Domestic Partner Would Have:		Coverage Your Children Would Have:	
Employee AD&D Benefit	Cost to Cover Only Yourself	Cost to Cover You & Your Dependents	With No Children	With Children	If You Have a Spouse or Washington State-Registered Domestic Partner	If You Have No Spouse or Washington State-Registered Domestic Partner
\$25,000	\$0.20	\$0.30	\$12,500	\$10,000	\$1,250	\$2,500
50,000	0.40	0.60	25,000	20,000	2,500	5,000
75,000	0.60	0.90	37,500	30,000	3,750	7,500
100,000	0.80	1.20	50,000	40,000	5,000	10,000
125,000	1.00	1.50	62,500	50,000	6,250	12,500
150,000	1.20	1.80	75,000	60,000	7,500	15,000
175,000	1.40	2.10	87,500	70,000	8,750	17,500
200,000	1.60	2.40	100,000	80,000	10,000	20,000
225,000	1.80	2.70	112,500	90,000	11,250	22,500
250,000	2.00	3.00	125,000	100,000	12,500	25,000

Appendix A: Forms

- *Life Insurance Enrollment Form*
- *Life Insurance Evidence of Insurability Form*

General Directions for Completing the PEBB Life Insurance Enrollment Form

- Please read all instructions before you begin.
- Please type or print all information in black ink.
- You (the employee) must complete Sections 1-2 and 4-6. If requesting additional coverage that requires approval also complete Section 3 and attach a completed *Life Insurance Evidence of Insurability Form*.
- Return the form to your payroll, personnel, or benefits office. They must complete Section 7.

Section 2

Review the Type of Coverage column and check or fill in the amount of life or accidental death and dismemberment (AD&D) coverage you want in the Employee or Family column(s).

Part A—Basic Term Life and AD&D

This coverage is for the employee, not family members. Public Employees Benefits Board (PEBB) coverage automatically provides \$25,000 in Basic Life and \$5,000 Accidental Death & Dismemberment (AD&D) benefits for you as an eligible employee, under Part A—Basic Term Life and AD&D.

Part B—Basic (Family)

This coverage is for the employee's family members. Check the boxes in the second row to elect \$2,500 in coverage for a spouse, any children or both. The cost to you will be .50 for your spouse and any number of your children combined.

Part B—Supplemental Spouse or Washington State-registered Domestic Partner Term Life Coverage

This coverage is for the employee's family members. To elect this coverage you must:

1. Enroll in Part C or Part D (or both) coverage for yourself **and**
2. Enroll your spouse or domestic partner in Part B Basic coverage.
3. Fill in the amount of coverage you want to elect to cover your Spouse or domestic partner. The amount:
 - Cannot be more than half of what you elected in Part C and Part D combined. (Round to the next higher \$1,000 if not a multiple of \$1,000.)
 - Must be in increments of \$1,000.
 - Cannot exceed \$25,000.

Part C Optional Term Life Coverage

This coverage is available in increments of \$1,000, but not less than half of your annual salary or more than your annual salary, both rounded to the next higher \$1,000 increment if not already a multiple of \$1,000. For example, Susan's gross annual pay is \$32,500. She may elect the minimum of \$17,000 in coverage, but no more than \$33,000.

Part D Supplemental Term Life Coverage

This coverage is for the employee, not family members. You may elect up to \$50,000 coverage without underwriting approval. If you want additional coverage (up to \$350,000 maximum), also complete the *Life Insurance Evidence of Insurability Form*.

Part E Voluntary Accidental Death and Dismemberment (AD&D) Coverage

You may elect up to \$250,000 in optional AD&D insurance at any time without underwriting approval. This insurance will pay, in addition to any other insurance you are enrolled in, if death is determined accidental or for covered dismemberment. You may also select dependents' AD&D coverage in addition to your own.

Section 3

Complete this section if you wish to apply for more than \$25,000 of Part B—Supplemental Spouse Life and/or more than \$50,000 of Part D—Supplemental Life. Both parts require underwriting approval from ReliaStar Life Insurance Company. You will also need to complete the *Life Insurance Evidence of Insurability Form*.

Suggested Beneficiary Designations

Washington is a community property state. Enrollees are urged to obtain legal advice before using beneficiary designations limiting their spouses or qualified/Washington State-registered domestic partners to less than half the proceeds. Also, reference to a will is not acceptable. Always use the full legal name, for example, “Anna May Smith, wife,” not “Mrs. John Smith.” You should be sure to check with your attorney and discuss whether to update your beneficiary if your marriage or qualified/Washington State-registered domestic partnership is dissolved or invalidated. Upon your death, Washington State law prohibits payment of assets to the former spouse except under specific circumstances.

Personal Beneficiaries

1. If *one individual* is to be designated, use the full legal name – “Anna May Smith, wife,” not “Mrs. John Smith.”
2. If *two individuals* are to be named, designate as follows: “Anna May Smith, wife, and Dorothy Smith Andrews, daughter, in equal shares, or the survivor.”
3. If *three or more individuals* are to be named, designate as follows: “Anna May Smith, wife, Dorothy Smith Andrews, daughter, and William Smith, son, or the survivors, in equal shares, or the survivor.”
4. If *one or more secondary beneficiaries* are to be named, they may be designated individually as follows: “Anna May Smith, wife, if living; otherwise Joseph Smith, father, and Elizabeth Smith, mother, in equal shares, or the survivor;” or
 - a. If all *children of the marriage* are to be named secondary beneficiaries, designate them collectively rather than individually as follows: “Anna May Smith, wife, if living; otherwise the then-surviving children, if any, born of insured’s marriage with said wife, in equal shares.” (This designation will include children born later without the necessity of changing the designation.)
 - b. If all children of the marriage are to be named secondary beneficiaries *and a second alternate beneficiary is to be named*, designate as follows: “Anna Smith, wife, if living; otherwise the then-surviving children, if any, born of insured’s marriage with said wife, in equal shares, or if said wife is not living and there is no such child, James Smith, father.”
 - c. If *children not of the present marriage* are to be included, designate as follows: “Anna May Smith, wife, if living; otherwise John Smith, born 8-5-86, and Mary Smith, born 2-21-88, children, and any other child or children born of insured’s marriage with said wife, or the survivors, in equal shares, or the survivor.”
 - d. If a “*Clean Up Fund*” of a stated amount is desired and there are secondary beneficiaries who are minor, the designation may be as follows: “The proceeds up to \$_____ to Anna Smith, wife, if living; otherwise the executors or administrators of the estate of the insured, and the remainder to said wife, if living; otherwise John Smith and Mary Smith, children, in equal shares, or the survivor.” Minor children should not be named beneficiaries of proceeds intended for “Clean Up Fund” because the guardian of the children probably could not use the proceeds for the purpose.

Estate

5. If an estate is named, specify whose estate, such as: “Estate of the Insured.”

Trustee

6. Trustee under the last will and testament of the insured, or his successors in trust, *provided, however*, that if no claim is made by said Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing a trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
7. “The _____ Trust Company, Trustee under written trust agreement dated _____(month/day/year), or its successor or successors in trust, and payment of the proceeds of this certificate to said Trustee or successor or successors shall fully and finally discharge the Company from all liability.”

Business Partners

8. Under a cross ownership plan, designate the surviving partners as beneficiaries. For example, for insurance on the life of John Jones, designate “Henry Smith and William Brown, partners, in equal shares, or the survivor.” Similar designation may be made for the other partners.

Just as a corporation may be the owner and beneficiary of a policy, a partnership may, in the partnership name, own and be the beneficiary of a policy. The firm name should be used together with the words, “a partnership.” For example, “Jones, Smith, and Brown, a partnership presently consisting of John Jones, Henry Smith, and William Brown.”

Per Stirpes

9. “_____, wife, if living, otherwise the then-surviving children, if any, born of insured’s marriage with said wife and the then-surviving legally adopted child or children of the insured, if any, in equal shares, except in case of death of any child or children of said marriage or any legally adopted child or children of the insured, leaving lawful surviving child or children (including legally adopted children but not including grandchildren or other remote descendants), such child or children of the deceased child shall receive, in equal shares, the share that such deceased child would have received if he or she had survived.”

Life Insurance Enrollment Form

Use this form if you enroll within 60 days of initial eligibility.

Employees

If you're enrolling after 60 days of eligibility or making changes to your current PEBB life insurance (including after job transfers between agencies), use the *Life Insurance Change Form*.

- Type or print clearly in black ink.
- Complete Sections 1-2 and 4-6 below. If you want additional coverage that requires approval, also complete Section 3 and the *Life Insurance Evidence of Insurability* form.
- Return form to your payroll or benefits office.

Payroll or benefits office staff

- Review Sections 1-6 for completeness and accuracy, and complete Section 7.
- Key Section 2 first, and then Section 3 (if chosen).
- If the employee completes Section 3, send a copy of the form to ReliaStar Life Insurance Company to obtain approval (address on back).

SECTION 1: Personal Information

Employee completes this section.

Social Security Number (required)	Last Name	First Name	Middle Initial	Employee I.D. Number
Street Address	City	State	ZIP Code + 4	
Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number-Daytime ()	Phone Number-Evening ()	
Mailing address (if different from above)	City	State	ZIP Code + 4	

SECTION 2: Guaranteed Coverage

Employee completes this section.

Employees do not need approval for coverage amounts below if enrolling within 60 days of initial eligibility. Additional Part B (Supplemental Spouse/Washington State-Registered Domestic Partner) and Part D coverage is available in Section 3. If you want to estimate your costs for this coverage, complete the Estimated Monthly Costs column below. (See "Premium Rates" in the Life/AD&D booklet.)

Type of Coverage	Employee	Family	Estimated Monthly Costs
Part A – Basic Life <i>Paid by your employer, except if you're on Leave Without Pay.</i>	\$25,000 Life Insurance \$5,000 AD&D Insurance	Not applicable	\$0.00
Part B – Basic Spouse/Washington State-Registered Domestic Partner and Children Life	Not applicable	Check all that apply: <input type="checkbox"/> Spouse or Washington State-Registered Domestic Partner (\$2,500) <input type="checkbox"/> Children (\$2,500 per child)	\$0.50 per family per month
Part B – Supplemental Spouse/Washington State-Registered Domestic Partner Life	Not applicable	Fill in desired amount (in increments of \$1,000). \$_____ Up to ½ of employee's total Part C and D coverage; maximum of \$25,000 Employee must be enrolled for Part C, Part D, or both, and Spouse/Washington State-Registered Domestic Partner must be enrolled for Part B Basic.	\$_____
Part C – Optional Life	1. Pick one: <input type="checkbox"/> I am electing coverage equal to my gross annual pay (based on full-time, 12-month pay; rounded up to nearest \$1,000); I want my coverage to automatically increase as my pay increases: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am electing a set amount of insurance coverage . (Automatic increases are not available for this selection) 2. Fill in desired amount: (in increments of \$1,000). \$_____ Must be minimum of ½ of employee's gross annual pay up to gross annual pay.	Not applicable	\$_____
Part D – Supplemental Life	Fill in desired amount (in increments of \$1,000). \$_____ Minimum of \$1,000 up to \$50,000	Not applicable	\$_____
Part E – Optional Accidental Death and Dismemberment	Fill in desired amount (in increments of \$25,000). \$_____ Minimum of \$25,000, up to \$250,000	<input type="checkbox"/> Do or <input type="checkbox"/> Do not include this coverage for my dependents.	\$_____
SUBTOTAL (Add to subtotal in SECTION 3, if requesting additional insurance)			\$_____

SECTION 3: Additional Life Insurance That Requires Approval From ReliaStar Life Insurance Company*Employee completes this section.*

Employee completes this section when applying for more than \$25,000 of Part B Supplemental Spouse/Washington State-Registered Domestic Partner Life, and/or more than \$50,000 of Part D Supplemental Life. If approved, these amounts will be added to the guaranteed amounts in Section 2. If you want to estimate your costs for this coverage, complete the Estimated Monthly Costs column below. (See "Premium Rates" in the Life/AD&D booklet.)

Type of Coverage	Employee	Family	Estimated Monthly Costs
Part B – Supplemental Spouse/Washington State Registered Domestic Partner Life If enrolling, must also complete Life Insurance Evidence of Insurability Form.	Not applicable	Fill in desired amount. (in increments of \$1,000). \$ _____ Additional amount over \$25,000 up to ½ of employee's total Part C and Part D coverage.	\$ _____
Part D – Supplemental Life If enrolling, must also complete Life Insurance Evidence of Insurability Form.	Fill in desired amount (in increments of \$1,000). \$ _____ Maximum of \$300,000	Not applicable	\$ _____
SUBTOTAL			\$ _____
SUBTOTAL FROM SECTION 2			+ \$ _____
YOUR ESTIMATED TOTAL MONTHLY PREMIUM			\$ _____

SECTION 4: Nonsmoker Certification*Employee completes this section.*

To qualify for the nonsmoker's discount, the applicant(s) must not have used any tobacco products in the past 12 months.

Have you smoked cigarettes, cigars, or pipes, or used chewing tobacco or nicotine gum within the past 12 months?

☐ Yes ☐ No

Has your Spouse/Washington State-Registered Domestic Partner (if you are requesting Part B coverage) smoked cigarettes, cigars, or pipes, or used chewing tobacco or nicotine gum within the past 12 months?

☐ Yes ☐ No

I understand that ReliaStar Life Insurance Company has the right to reduce my claims payment if I provide false information or if I don't notify my payroll or benefits office that I no longer qualify for the nonsmoker's discount.

Employee's signature	Date
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SECTION 5: Beneficiary Designation*Employee completes this section.*

See "Suggested Beneficiary Designations" section of the Life/AD&D booklet. Include full name of beneficiary, his or her relationship to you, social security number, date of birth, and whether the beneficiary is primary or secondary. Indicate any other non-person beneficiaries such as an estate or trust, under "Other Designation(s)" below. Use another sheet of paper (signed and dated) if you have additional beneficiaries or need more space. You are the beneficiary for your enrolled family members.

Name	Relationship	Social security number	Date of birth	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Name	Relationship	Social security number	Date of birth	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Other Designation(s)

<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Name	Type (trust, estate, etc)
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SECTION 6: Authorization*Employee completes this section.*

By signing this form, I declare that the information I have provided is true, complete, and correct. **I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, and denial of PEBB benefits.** The PEBB Program will verify eligibility for me and my family members. I allow my employer to deduct money from my earnings to pay for any optional insurance I requested and approved by ReliaStar Life Insurance Company. This form replaces all previous forms and submissions I have made for PEBB life insurance.

The information collected about you is confidential. We will not release any information about you without your authorization, except to conduct our business or as required or permitted by law.

Employee's signature	Date
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SECTION 7: Agency/Carrier Information*Payroll or benefits office completes this section.*

Agency code _____	Subagency code _____	Employee's gross annual pay _____	Employee hire date _____
Insurance eligibility date _____	Date guaranteed coverage keyed into system _____		
If employee completes Section 3, send to ReliaStar Life Insurance Company to obtain approval. Date sent to carrier _____			
Effective date of optional coverage(s) _____			

2011 PEBB LIFE INSURANCE CONTRACTOR:

ReliaStar Life Insurance Company, P.O. Box 20, Route 7325, Minneapolis, MN 55440-0020

Group #123731

Account # _____

Life Insurance Evidence of Insurability Form

*Use this form if applying for life insurance that requires approval
from ReliaStar Life Insurance Company*

- Type or print clearly in ink.
- Also complete the **Life Insurance Enrollment Form** if you're enrolling within 60 days of eligibility
- Also complete the **Life Insurance Change Form** if you're enrolling after 60 days of initial eligibility and requesting coverage that requires approval from ReliaStar

SECTION 1: EMPLOYEE INFORMATION

Social Security Number (required)	Employee Last Name	First Name	Middle Initial	Employee I.D. Number
House Number	Street Address	Apt/Unit Number	Birth Date (Mo/Day/Yr)	<input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	ZIP Code + 4	Phone: Work () Home ()	Agency Code

SECTION 2: EVIDENCE OF INSURABILITY INFORMATION

EMPLOYEE: Complete only when applying for or increasing Part C or Part D more than 60 days after original insurance eligibility date, OR when applying for more than \$50,000 Part D within 60 days of original eligibility date.

SPOUSE/WASHINGTON STATE-REGISTERED DOMESTIC PARTNER: Complete only when applying for Part B Basic Spouse or Part B Supplemental Spouse Life more than 60 days after original insurance eligibility date, OR when applying for more than \$25,000 Part B Supplemental Spouse Life within 60 days of original insurance eligibility date.

Spouse/Washington State-Registered Domestic Partner Name
Birth Date Sex Marriage/Registration Date

Are you a state employee? ☐ Yes ☐ No If yes, are you also applying for coverage through your agency? ☐ Yes ☐ No

Answer questions #1-7 below **only** as they pertain to the person(s) requesting coverage **AT THIS TIME**. Please provide details below for any "yes" answers. **Use a separate sheet if necessary.**

	Employee	Spouse or Washington State-Registered Domestic Partner
1. What is your height and weight?	Ht _____ Wt _____	Ht _____ Wt _____
2. Have you had any injury, illness or condition, or have you consulted or been treated by a health care provider for any reason in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had or been treated for any of the following? Lung disorder; high blood pressure; heart trouble; stroke; diabetes; cancer/tumor; liver or intestinal disorder; kidney disorder; reproductive system or prostate disorder; depression or anxiety; arthritis; memory/concentration problems, or any physical/mental impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the proposed insured ever been diagnosed and/or treated by a member of the medical profession for positive HIV (Human Immunodeficiency Virus) or AIDS (Acquired Immune Deficiency Syndrome)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you sought help or received counseling or treatment for alcohol or drug abuse and not remained substance free for 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you take regular medication for treatment or control of any condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you contemplate any operation or visit to a health care provider for any existing condition (including pregnancy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q#	Name of Family Member	Condition/Illness/Injury and Type of Treatment
		Date of Treatment
		Physician's Name and Complete Mailing Address

SECTION 3: AUTHORIZATION AND ACKNOWLEDGEMENT – Please read and sign below.

By signing this form, I declare that the information I have provided is true, complete, and correct. I understand that knowingly providing false, incomplete or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, and denial of Public Employees Benefits Board (PEBB) benefits.

For any medical provider, facility, insurance company, MIB, Inc., or employer: I give my permission for you to give ReliaStar Life or its authorized representatives ALL INFORMATION on my behalf except as stated below. This can include findings on medical care or any non-medical information that applies to me, my spouse, or my Washington State-registered domestic partner. I also permit ReliaStar Life to get investigative or consumer reports about the same people.

I declare that I have read ReliaStar Life's Insurance Information Practices Notice on the back of this form. I allow ReliaStar to disclose this information to its affiliates (including consumer reporting agencies and MIB, Inc.) to verify my/our insurability. I know that my/our medical records may be protected by federal regulations – 42CFR Part 2.

I can cancel this authorization at any time, as it applies to information protected by these federal regulations, but not after ReliaStar Life or its affiliates has taken action based on this information.

I understand that my additional written consent will be required before any information above is given, sold, transferred, or in any way relayed to another party not previously specified (unless otherwise provided by law). My additional consent must be provided on a form that states the new use of the information or why another party needs it.

As it relates to the incontestability clause, this form will be valid for 30 months from the date below or two years from the coverage effective date, whichever is earlier.

I have a right to get a copy of this form; a photocopy is as valid as the original. I allow my employer to deduct money from my earnings to pay for any optional insurance I requested and approved by ReliaStar Life Insurance Company. This form replaces all previous forms and submissions I have made for PEBB life insurance.

Date	Employee's Signature (required)	
Date	Spouse/Washington State-Registered Domestic Partner's Signature (if applying)	Spouse/Washington State-Registered Domestic Partner's Social Security Number

Mail completed form to: ReliaStar Life Insurance Company, P.O. Box 20, Route 7812, Minneapolis, MN 55440-0020 | 1-800-537-5024

ReliaStar Life Insurance Company

Insurance Information Practices Notice

We are pleased to provide you with information regarding this Evidence Form. This information is provided to you in accordance with legislation enacted in your state.

Our Underwriting Procedures

For certain types of coverage, we require proof of good health to determine if you qualify for the coverage you requested. We review all of the information in this Evidence Form, and if necessary, confirm or add to this information in the ways described in this notice.

Privacy and information Practices

Collecting Information

Your Evidence Form is our main source of information. But we may:

- Ask you to have a physical exam, an EKG and/or blood profile, etc.
- Ask physicians, hospitals, or other health care providers to confirm or add to the information you have given us. The types of information we may ask for are described on the authorization form you will be asked to sign. If you want a copy of this form, it will be given to you for your records.
- Obtain information from MIB, Inc., formerly known as the Medical Information Bureau. See "Notice about MIB, Inc." below.
- Seek information from other companies you have applied to for insurance.
- Ask you for additional information through use of a written request called an Amendment.

Information Use

We will use the information only for business purposes arising from the relationship you have with us.

Information Maintenance and Disclosure

We treat the information we have about you as confidential. The authorization form that you have been asked to complete will permit us to send the information to our affiliates and to MIB, our reinsurers, employees, contractors, or other organizations that process transactions concerning coverage you have with ReliaStar Life or its affiliates, and to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted. In certain circumstances, the information we have about you may be disclosed to third parties without your specific permission.

Access to Information

If you request it in writing, we will send you a copy of the relevant information we obtain about you in connection with your request for coverage. Medical information, however, will only be disclosed through the attending licensed physician.

If you feel that any of the information in our file is not correct or is incomplete, we will review it. If we agree with you, we will make the corrections. If we do not agree with you, you may file a short statement of dispute with us. Your statement will be included any time we disclose this information to anyone.

We will not send you information we collect in expectation of or in connection with any claim or civil or criminal proceeding.

Notice about MIB, Inc.

We or our reinsurers may make brief reports to the MIB. The reports will include the factors that affect the insurability of any person for whom coverage is being requested. MIB is a nonprofit organization of life insurance companies. It operates an information exchange for its members. If you apply to some other member company for life or health coverage, or send in a claim for benefits, MIB may supply that company with any information in its file. If you ask, MIB will arrange to disclose to you the information it has about you in its file. If you question the accuracy of the information in MIB's file, you may contact MIB and ask them to correct it as provided in the Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB's phone number is 866-692-6901 (TTY 866-346-3642). We may also release information in our files to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.